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SUBJECT: ACUTE WATERY DIARRHEA OUTBREAK - EARLY RAINS
INCREASE RISKS IN SOUTHERN SUDAN

REF: a) Khartoum 0478, b) Khartoum 0700

Summary and Comment

¶1. The outbreak of acute watery diarrhea (AWD) continues in Southern Sudan. The U.N. World Health Organization (WHO) has confirmed that the AWD outbreak derived from a single strain of cholera. WHO reported that between January 28 and March 22, 8,684 cases of AWD including 231 deaths had been reported throughout Southern Sudan. According to WHO, although the illness originally spread by road north and east of Juba, AWD cases are now being reported in Ikotos along the southern road from Juba to Uganda. On March 14, the Government of Southern Sudan (GoSS) Under Secretary of Health announced that the AWD outbreak in Yei had ended. WHO reported that as of March 19, 1,807 cases including 53 deaths had been reported in Yei and 4,523 cases including 87 deaths had been reported in Juba. Local health facilities report that the number of cases has been steadily declining in these cities, but new cases are being reported along major routes and in villages surrounding major towns throughout Southern Sudan. At least 1,651 new cases of AWD including 64 deaths had been reported in other areas of Southern Sudan as of mid-March.

¶2. The onset of early rains in Juba and other parts of central Equatoria has increased the risk of renewed outbreaks in the area, especially in Juba and Yei, where conditions are crowded, sanitation is poor, and many shelters are flimsy and temporary. End summary and comment.

The Spread of AWD

¶3. Although the number of cases of AWD appears to have declined in Yei and Juba towns in recent weeks, increasing reports of new cases of AWD from areas outside of Juba pose a serious challenge to the ongoing response efforts. New cases of AWD have now been reported at health facilities throughout the south: 300 kilometers (km) northeast of Juba in Pibor and surrounding villages of Jonglei State; 250 km south of Juba in Kajo-Keji;

along a 200-km route north of Juba in Terekeka, Padak, Bor, and villages west of Bor; 150 km northwest of Juba along the route to Mundri in Rokon and Tijor villages; 500 km west of Yei in the villages surrounding Yambio; and 800 km north of Juba in Malakal and Nyilwak in Upper Nile State. WHO and USAID partner Adventist Development and Relief Agency (ADRA) reported that barge passengers have carried the illness north in at least one instance.

¶4. Of particular concern are reports from Lohutok outside Torit town, where more than 700 cases have been reported recently by the non-governmental organization (NGO) Medecins sans Frontieres. In Malakal the number of new cases has been increasing daily, reaching 80 cases as of March 10, with unconfirmed reports of many more since then. During the past three weeks, 363 cases including 18 deaths were reported in Torit town, 137 cases including 3 deaths were reported in the Pibor area, and 109 cases including 10 deaths were reported in Bor, where all cases are believed to be linked to Juba's Lologo internally displaced person (IDP) camp.

¶5. In Yei the number of cases of AWD peaked between February 1 and 7, just as the outbreak was beginning in Juba. The number of cases peaked in Juba at an alarming 2,400 cases approximately two weeks later, at the same time reports started arriving of the spread of AWD cases to other areas of Southern Sudan. In week 10 of the outbreak, reports indicated a steady increase in the number of cases outside Juba and Yei.

¶6. Response efforts continue (Ref B) and include coordination, surveillance, case management, and environmental control measures on the part of the GoSS

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Ministry of Health (MOH), the U.N. Children's Fund, WHO, and NGO partners. Nevertheless, the spread of the illness has been quick and has posed a challenge for agencies on the ground in terms of both treatment and containment.

Early Onset of Rains and Lologo IDP Camp

¶7. Three torrential rainstorms swamped Juba between March 7 and March 12, nearly a month earlier than expected. Health professionals are concerned that the early onset of heavy rains may lead to a resurgence of new cases in Juba. Many households in Juba do not have access to latrines, and the combination of heavy rain, surface defecation, and AWD could yield a wave of new cases. Population movements throughout the south compound the risk.

¶8. Lologo camp on the outskirts of Juba hosts approximately 3,000 IDPs, mostly Bor Dinka, living in temporary shelters of plastic sheeting suspended on makeshift wooden frames. USAID staff visited the camp the morning of March 13, after heavy rains drenched the area. The shelters were completely inundated and families had spent the night sleeping in mud. All household belongings, including food rations, were soaked, and women reported fevers and coughs among the children. The camp was a quagmire, with large pools of standing water all around, providing excellent breeding grounds for disease and mosquitoes. On March 17, the U.N. Children's Fund (UNICEF) reported that the rains had destroyed some of the camp's shelters, although the exact number was unknown.

¶9. Although health workers at the Lologo clinic reported that cases of AWD had declined in the camp during the previous week, they were concerned that cases could spike again with the early rains. Through a U.N. program,

Lologo IDPs were scheduled to be returned to Bor by barge the end of the dry season, but transportation was halted after the AWD outbreak began in Yei and Juba. No IDPs have returned to Bor since early February. Now with the early rains, the potential for a renewed AWD outbreak, and the possibility of spreading additional illnesses such as typhoid and meningitis, it is probable that these IDPs will be stranded in Lologo camp until the next dry season.

¶10. As most men have moved ahead to Bor with their cattle, Lologo camp residents are predominantly women, children, and the elderly. These populations are most vulnerable to diseases that spike during the rainy season. Currently one camp health center, run by USAID partner ADRA, sees more than 120 patients daily. The camp has only one borehole. The only other water available in the camp is Nile River water trucked in and stored in bladders.

¶11. A joint U.N., MOH, and NGO coordination group for Lologo has discussed relocating IDPs from Lologo to another camp near Juba, but these plans have stalled. Although there is tremendous political pressure against making any permanent additions or interventions in Lologo, without more concerted attention to shelter and hygiene conditions, the IDPs will face extreme hardship and deplorable conditions this rainy season.

USAID Recommendation

¶12. USAID will continue to monitor closely the situation at Lologo camp through USAID partners in Juba, especially with regard to plans to move Lologo IDPs to another camp. If the situation deteriorates or the IDPs do not move, USAID is prepared to respond quickly through partners in Juba.

STEINFELD